

# DARMHA (Data Assessment Registry Mental Health & Addiction)

## DARMHA Remove User Form

Indiana Family and Social Services Administration, Division of Mental Health and Addiction

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This is a request to remove access to DARMHA for the following User.

<b>Name of Mental Health Provider / Organization:</b>	
First Name:	Last Name:
Designee Name:	Designee Signature:
Date of Request:	DATE TO REMOVE:

### Mail or fax the completed forms to:

DARMHA Support Center  
Indiana Division of Mental Health and Addiction  
402 W. Washington Street, W353  
Indianapolis, IN 46204

**Fax:** 317-234-6722

**Support:** 317-232-7925